

EXHIBIT 1

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO.

YEAR

MAKE

MODEL

C49C19V135656

79

CHEVROLET

BODY STYLE

NO. CYL

HP/CCM

PURCHASE DATE

PURCHASED

TYPE OF TITLE

TRACTR TK

06/15/89

USED

ORIGINAL

TITLE NO.

ISSUE DATE

PREVIOUS TITLE NO.

ODOMETER DATE

ODOMETER

N5234016

08/02/89

V1027676

370551

MAILING ADDRESS

ROBERT M NASON
15838 S 115TH CT
ORLAND PARK IL 60462-5852

LEGEND(S)

OWNER(S) NAME AND ADDRESS

ROBERT M NASON

DEBRA A NASON

15838 S 115TH CT

ORLAND PARK IL 60462-5852

FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

Firm Name

By

Signature of Authorized Agent

Date

Firm Name

By

Signature of Authorized Agent

Date



I, Jim Edgar, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE HERETO AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

A13693636

CONTROL NO.

JIM EDGAR, Secretary of State



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO.		YEAR	MAKE	ODOMETER
1HTEF2672EHA15657		84	INTERNATIONAL	
MODEL	BODY STYLE	NO. CYL.	HP/CCM	PURCHASE DATE
F2674	TRACTR TK			04/22/96
TITLE NO.	ISSUE DATE	PREVIOUS TITLE NO.	MOB. HME. SOFT	TYPE OF TITLE
T6164519028	06/12/96	LEGAL		ORIGINAL

MAILING ADDRESS

ROBERT NASON
15509 S WEBER RD
LOCKPORT IL 60441-9597

LEGEND(S)

MILEAGE NOT
REQUIRED

OWNER(S) NAME AND ADDRESS

ROBERT NASON
DEBRA NASON
15509 S WEBER RD
LOCKPORT IL 60441-9597

FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

Firm Name

By

Signature of Authorized Agent

Date

Firm Name

By

Signature of Authorized Agent

Date



I, George H. Ryan, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE HERETO AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS AT SPRINGFIELD.

D07854105

CONTROL NO.

GEORGE H. RYAN, Secretary of State



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO.
INS2PJXR8MH488518YEAR
87MAKE
INTERNATIONAL

ODOMETER

MODEL

BODY STYLE

NO. CYL

HP/CCM

PURCHASE DATE

PURCHASED

TRUCK**05/03/97****USED**

TITLE NO.

ISSUE DATE

MOBILE HOME SQ. FT.

TYPE OF TITLE

T7247035002**09/04/97****ORIGINAL**

MAILING ADDRESS

**DESIGN & CONSTRUCTION WORKS INC
15509 WEBER RD UNIT 2
LOCKPORT IL 60441**

LEGEND(S)

OWNER(S) NAME AND ADDRESS

**DESIGN & CONSTRUCTION WORKS INC
15509 WEBER RD UNIT 2
LOCKPORT IL 60441****MILEAGE NOT
REQUIRED**

FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

7 Day Permit
**SECRETARY OF STATE #
VEHICLE SERVICES 97259
201 JOYCE ROAD
JOLIET, ILLINOIS 61796**

RELEASE OF LIEN

The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

Firm Name

By

Signature of Authorized Agent

Date

Firm Name

By

Signature of Authorized Agent

Date



I, George H. Ryan, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE HERETO AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

D11862647
CONTROL NO.*George H. Ryan*
GEORGE H. RYAN, Secretary of State**DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.**

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO.

U902VEK1515

YEAR

99

MAKE

FORD

DOCUMENT

MODEL

LT9000

BODY STYLE

FLATBED

NO. CYL

HP/COM

PURCHASE DATE

12/12/92

PURCHASED

USED

TITLE NO.

E7728949

ISSUE DATE

02/17/93

PREVIOUS TITLE NO.

H6930590

MOBILE HOME SQ. FT.

TYPE OF TITLE

ORIGINAL

MAILING ADDRESS

ROBERT M NASON

15838 S 115TH CT

ORLAND PARK IL 60462-5852

LEGEND(S)

OWNER(S) NAME AND ADDRESS

ROBERT M NASON

DEBRA A NASON

15838 S 115TH CT

ORLAND PARK IL 60462-5852

MILEAGE NOT
REQUIRED

FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

First Name

By

Signature of Authorized Agent

Date

First Name

By

Signature of Authorized Agent

Date



George H. Ryan, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named herein is the owner of the vehicle described herein, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE HERETO AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

A03156236

CONTROL NO.

George H. Ryan
GEORGE H. RYAN, Secretary of State



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO. 1FTNS2427YH813612		YEAR 2000	MAKE FORD	ODOMETER 48
MODEL E250	BODY STYLE VAN	COI	PURCHASE DATE 03/27/00	PURCHASED NEW
TITLE NO. T0125272031	ISSUE DATE 05/04/00	MOBILE HOME SQ. FT.		TYPE OF TITLE ORIGINAL

MAILING ADDRESS

**ROBERT NASON
15509 WEBER RD UNIT 2
LOCKPORT IL 60441**

LEGEND(S)

ACTUAL MILEAGE

OWNER(S) NAME AND ADDRESS

**ROBERT NASON
DEBRA A NASON
15509 WEBER RD UNIT 2
LOCKPORT IL 60441**

FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

_____ Firm Name	By _____ Signature of Authorized Agent	Date _____
_____ Firm Name	By _____ Signature of Authorized Agent	Date _____

NEW LIEN ASSIGNMENT



I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.



D20631395

CONTROL NO.

Jesse White
JESSE WHITE, Secretary of State



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

STATE OF ILLINOIS						
CERTIFICATE OF TITLE OF A VEHICLE						
VEHICLE IDENTIFICATION NO.		YEAR	MAKE	ODOMETER		
1FTNE24L7XHA43813		99	FORD	24		
MODEL	BODY STYLE	NO. CYL.	HP/COM	PURCHASE DATE	PURCHASED	
E250	VAN			12/17/98	NEW	
TITLE NO.	ISSUE DATE	MOBILE HOME SQ. FT.		TYPE OF TITLE		
19021047049	01/21/99			ORIGINAL		
MAILING ADDRESS						
BOB NASON 15509 WEBER RD LOCKPORT IL 60441						
OWNER(S) NAME AND ADDRESS				LEGEND(S)		
BOB NASON DEBRA NASON 15509 WEBER RD LOCKPORT IL 60441				ACTUAL MILEAGE		
FIRST LIENHOLDER NAME AND ADDRESS						
SECOND LIENHOLDER NAME AND ADDRESS						
RELEASE OF LIEN						
The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.						
Firm Name		By	Signature of Authorized Agent		Date	
Firm Name		By	Signature of Authorized Agent		Date	
		I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.				
D16310163		Jesse White				
CONTROL NO.		JESSE WHITE, Secretary of State				
DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.						

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO.
1FTPE24LXWHB28787YEAR
98MAKE
FORDODOMETER
11MODEL
E250BODY STYLE
VAN

NO. CYL

HP/COM

PURCHASE DATE
07/30/98PURCHASED
NEW

TITLE NO.

ISSUE DATE

MOBILE HOME SQ. FT.

TYPE OF TITLE

T8247680036

09/04/98

ORIGINAL

MAILING ADDRESS

DEBRA A NASON
15509 WEBER RD UNIT 2
LOCKPORT IL 60441

LEGEND(S)

ACTUAL MILEAGE

OWNER(S) NAME AND ADDRESS

DEBRA A NASON
ROBERT M NASON
15509 WEBER RD UNIT 2
LOCKPORT IL 60441

FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

Firm Name

By

Signature of Authorized Agent

Date

Firm Name

By

Signature of Authorized Agent

Date



I, George H. Ryan, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE HERETO AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

D15075713
CONTROL NO.

 A handwritten signature of George H. Ryan.

GEORGE H. RYAN, Secretary of State


DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.

STATE OF ILLINOIS

CERTIFICATE OF TITLE OF A VEHICLE

VEHICLE IDENTIFICATION NO. 1FTFE24M2TMB15129		YEAR 96	MAKE FORD	ODOMETER 15
MODEL E250	BODY STYLE VAN	NO. CYL.	HP/COM	PURCHASE DATE 12/31/96
TITLE NO. T7024062027	ISSUE DATE 01/24/97	MOBILE HOME SQ. FT.		PURCHASED NEW
				TYPE OF TITLE ORIGINAL

MAILING ADDRESS

**DESIGN & CONSTRUCTION WORKS
15509 S. WEBER RD.
LOCKPORT IL 60441**

LEGEND(S)

ACTUAL MILEAGE

OWNER(S) NAME AND ADDRESS

**DESIGN & CONSTRUCTION WORKS
15509 S. WEBER RD
LOCKPORT IL 60441**

FIRST LIENHOLDER NAME AND ADDRESS

SECOND LIENHOLDER NAME AND ADDRESS

RELEASE OF LIEN

The holder of Lien on the vehicle described in this Certificate does hereby state that the lien is released and discharged.

_____ Firm Name	By _____ Signature of Authorized Agent	Date _____
_____ Firm Name	By _____ Signature of Authorized Agent	Date _____



I, George H. Ryan, Secretary of State of the State of Illinois, do hereby certify that according to the records on file with my Office, the person or entity named hereon is the owner of the vehicle described hereon, which is subject to the above named liens and encumbrances, if any. IN WITNESS WHEREOF, I HAVE HERETO AFFIXED MY SIGNATURE AND THE GREAT SEAL OF THE STATE OF ILLINOIS, AT SPRINGFIELD.

D09826457

CONTROL NO.

George H. Ryan
GEORGE H. RYAN, Secretary of State



DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR MUTILATIONS.